## **TEXAS DEPARTMENT OF PUBLIC SAFETY**

## **BLUE ALERT REQUEST FORM**

Fax (512) 424-2281 or (512) 451-2291; and Call (512) 424-2277 or 2208

MAXIMUM ACTIVATION - 24 HOURS

Requesting Agency Information	YES	NO		
Name of Requesting Agency				aw enforcement officer must have been killed or seriously ired by an offender?
Name/Title of Investigating Officer			tha	e investigating law enforcement agency must determine t the offender poses a serious risk or threat to the public d other law enforcement personnel?
Contact number for Investigating Officer				letailed description of the offender's vehicle, vehicle tag, or tial tag must be available for broadcast to the public?
Fax number for requesting agency			rec Op	e investigating law enforcement agency of jurisdiction must ommend activation of the Blue Alert to the State erations Center (Texas Division of Emergency
Public Information Office Contact Number			Ма	nagement)?
❖ IMPORTANT: Do NOT send the BLUE ALERT request if the answer is NO to ANY of these questions. If activated, the request is only valid for a period of 24 hours. You will be contacted after 12 hours, 18 hours, and 23 hours in which you may decide to request an extension. All requests for extension must be accomplished on or before the last 23 hour reminder from the State Operations Center. Contact (512) 424-2277 or 2208 for all requests for extensions.				
Incident Date:			т	Time:
Incident location:				
INJURED/DECEASED OFFICER DATA:				
Name:				
Name:Rank/Title				
			*C	Check Which One Applies: Injured ( ) Deceased (
Rank/Title			*C	Check Which One Applies: Injured ( ) Deceased (
Rank/Title			*C	Check Which One Applies: Injured ( ) Deceased (
Rank/TitleAgency:Nature of Injury (If Injured):			*C	Check Which One Applies: Injured ( ) Deceased (
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (	) :	State L	*C	Check Which One Applies: Injured ( ) Deceased (
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):	) :	State L	*C	Check Which One Applies: Injured ( ) Deceased (
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:	) :	State L	*C	Check Which One Applies: Injured ( ) Deceased ( )
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:  Age: DOB: Weight:	) :	State L	EO (	Check Which One Applies: Injured ( ) Deceased ( )
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:  Age:  DOB:  Race:  Clothing Description:	) :	State L Heigh	EO (	Check Which One Applies: Injured ( ) Deceased ( ) Federal LEO ( )  Eyes: Hair: Sex:
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:  Age:  DOB:  Race:  Clothing Description:	) :	State L Heigh	EO (	Check Which One Applies: Injured ( ) Deceased ( )  ) Federal LEO ( )  Eyes: Hair: Sex:
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:  Age:  DOB:  Weight:  Race:  Unique Physical Characteristics:  VEHICLE DATA:	) :	State L Heigh	EO (	Check Which One Applies: Injured ( ) Deceased ( )  ) Federal LEO ( )  Eyes: Hair: Sex:
Rank/Title  Agency:  Nature of Injury (If Injured):  *Check Which One Applies: Local LEO (  SUSPECT DATA:  Name (If Known):  Last Known Location of Suspect/Offender:  Age: DOB: Weight:  Race: Clothing Description:  Unique Physical Characteristics:  VEHICLE DATA:  Make: Model:	) :	State L Heigh	EO (	Check Which One Applies: Injured ( ) Deceased ( ) Federal LEO ( )  Eyes: Hair: Sex: